



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108*

CHARLES BAKER  
Governor

MARYLOU SUDDERS  
Board Chair

KARYN POLITO  
Lieutenant Governor

LOUIS GUTIERREZ  
Executive Director

**Board of the Commonwealth Health Insurance Connector Authority**

**Minutes**

Thursday, January 12, 2017  
9:00 AM to 11:00 AM

One Ashburton Place  
Boston, MA 02108  
21<sup>st</sup> Floor Conference Room

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**Attendees:** Louis Gutierrez, Marylou Sudders, Nancy Turnbull, Daniel Judson, Mark Gaunya, Louis Malzone, Dimitry Petion, Michael Chernew, Celia Wcislo, Roberta Herman, Rina Vertes; Lauren Peters (who was sitting by designation on behalf of Secretary Kristen Lepore) arrived at 9:23am.

The meeting was called to order at 9:01 AM.

- I. Minutes:** The minutes of the December 8, 2016 meeting were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began the meeting by stating that the core of the Board's agenda would focus on updates relative to the Health Connector's (CCA) Open Enrollment. He noted that there were 20 days remaining in the 2017 Open Enrollment period and that member activity is robust and shopping is occurring at a much higher rate than last year. Mr. Gutierrez informed the Board that there has been a strong response to the messaging that CCA has engaged in and a positive response by members to the competition that has been generated among health plans. Though the improvements are significant there is still much to do and he acknowledged a need to remove defects and continue innovation in the Seal of Approval (SOA) process. He also noted the need of CCA to continue to adapt to unfolding changes and ensure that members and applicants have a positive experience. While CCA remains focused on Open Enrollment, Mr. Gutierrez stated that it is critical that January tax forms are delivered to members on time. Mr.

Gutierrez reflected on the concerns regarding enrollment going into the Open Enrollment period given the increase in many member premiums, but he reiterated that overall enrollment has increased during this time, compared to last year. He acknowledged that there is an increased need to keep an eye on premium payment delinquencies, which are higher than last year. He noted that as the end of the Open Enrollment period approaches it is important that operations continue to perform well through the finish in light of the changes in eligibility, increased delinquency and premiums. Mr. Gutierrez then went on to note that Jen Bullock left CCA and Nelson Teixeira will be the new Director of Customer Experience. He stated that Mr. Teixeira is quiet and effective, and an outstanding member of the team. Mr. Gutierrez then deferred to the CCA team to provide additional details on Open Enrollment. Prior to the start of the presentation Secretary Sudders congratulated Mr. Teixeira, and acknowledged his calm demeanor and ability to untangle complicated issues. Secretary Sudders commented that Mr. Teixeira shows a strong commitment to the betterment of CCA and congratulated him on his new role.

- III. 2017 Open Enrollment Update:** The PowerPoint presentation “2017 Open Enrollment Update” was presented by Bekah Diamond, Vicki Coates, Audrey Gasteier and Marissa Woltmann. Ms. Gasteier began the presentation by providing an update on the status of Open Enrollment. She noted that there are still several weeks before Open Enrollment ends and overall there have been a lot of key takeaways and impressive statistics. She explained that many members have experienced a change this Open Enrollment period whether it is an increased premium or eligibility update, and there has been steady growth and stability in membership and a gain in new membership. Ms. Gasteier stated that there is a record high number of members enrolled in Qualified Health Plans (QHP), with over 238,000 members enrolled for January coverage. She acknowledged that this is almost the highest CCA coverage, though membership peaked immediately prior to 2014 Medicaid transition when over 100,000 CCA members moved to Medicaid. She noted that at this point, CCA comprises about 80 percent of the Massachusetts non-Group market. Ms. Gasteier explained that new membership is increasing, with 37,000 coming into coverage so far this Open Enrollment period, which is an increase over the number of new members from last year. She further explained that there has been a large volume of shopping and plan switching among members. She noted that in previous years there was a message of stability, but the message of CCA is different this year and as a result about a quarter of renewing members have switched plans. She noted that last year roughly 3.5 percent of members switched plans and three to seven percent of Commonwealth Care members switched historically, further demonstrating that it is significantly higher this year. Ms. Gasteier stated that there is more outreach planned for members as the Open Enrollment period ends and that CCA will keep the Board apprised in February. Ms. Diamond then provided the Board with additional details on the record high enrollment in QHPs, which is a 30 percent increase from this time last year. She explained that of the 238,207 members enrolled for January, approximately 85 percent are renewing members and 15 percent are new. She added that from December 2016 up until that point, the unsubsidized book of business saw the largest increase in enrollment, and overall, of the metallic tiers, more members have selected the Silver tier, which is a high value plan and usually the most popular plan among members. Next, Ms. Diamond added that Plan Type 2B continues to

have the highest volume of ConnectorCare membership. She explained that the increase in enrollment in the Silver tier and unsubsidized plans is due to eligibility redeterminations. She stated that since the last Board meeting, about 7,000 members have moved from unsubsidized plans back into subsidized plans. In response to a question from Ms. Wcislo asking whether metallic tier data includes ConnectorCare members, Ms. Diamond explained that the figures only reflected unsubsidized membership and Advance Premium Tax Credit (APTC) recipients, not ConnectorCare membership. Ms. Turnbull commented on the overall increase in total membership, including a significant increase in unsubsidized and APTC enrollment. Ms. Turnbull commented on the overall decline in ConnectorCare membership and asked whether this was due to members previously receiving subsidized coverage moving from ConnectorCare to unsubsidized plans. Ms. Diamond confirmed that this was correct and largely due to annual redeterminations which affect coverage that starts on January 1. Ms. Diamond noted further that members are able to come back and update their information as needed. Ms. Turnbull then stated that she would like to discuss the reduction in Plan Type1 and Plan Type 2A membership further and the team would follow up. Ms. Diamond then proceeded to inform the Board of the membership volume changes for carriers, both unsubsidized and ConnectorCare between December 2016 and January 2017. She noted that the movement of members among carriers shows price sensitivity and that competitive carriers have experienced an increase in membership, while less competitive carriers lost membership, in line with premium increase rates for 2017.

Ms. Woltmann then addressed the Board to explain that CCA retained 87 percent of its membership from the start of Open Enrollment in 2016. She once again noted that the renewing members are switching their plans at vastly higher rates during this Open Enrollment period than previously. In response to a question from Ms. Wcislo regarding how many people did not renew, Ms. Woltmann responded that 38,000 people representing approximately 13 percent of the population eligible to renew did not actually renew their membership. She noted that the renewal population was fixed in the beginning of November and there could have been many reasons that members would have left the Health Connector since then. Ms. Wcislo then asked how many of these members were in Plan Type1 and Plan Type 2A, to which Ms. Woltmann responded that she would need to follow up with those specific figures. In response to a question from Ms. Turnbull, Ms. Woltmann responded that she would also need to follow up relative to where the members enrolled in Plan Type 1 and Plan Type 2A prior to Open Enrollment are now. Next, Ms. Woltmann provided a breakdown of the renewing membership in terms of households that were enrolled in zero dollar premium plans in 2016 and how it compares to the 2017 Open Enrollment picture. She stated that 26,267 households that paid a zero dollar premium in December had renewed for January coverage. Of those households, over 10,000 are still eligible for and enrolled in a zero dollar premium plan, roughly 6,600 households eligibility changed for January and they no longer have a zero dollar premium option, and roughly 9,400 households are still eligible for a zero dollar plan but chose a plan that has a premium of greater than zero dollar. Seventy percent of the 9,400 households that chose to enroll in a plan with a premium have a premium of under ten dollars. In response to a question from Ms. Turnbull regarding members eligible for a zero dollar premium who did nothing, Ms. Woltmann noted that she would need to follow up with her and provide a breakdown of these shoppers. Ms. Woltmann continued to explain to the Board that of the 9,400 members

who were still eligible for a zero dollar premium but chose to enroll in a plan with a premium, 4,989 are in arrears. She noted that most of these members are enrolled in plans with premiums under ten dollars. She stated that Tufts Direct is doing outreach to their members in this category and CCA is doing targeted live phone call outreach to members with high outstanding amounts. She noted that, in addition, members are calling CCA in response to delinquency notices. In response to a question from Ms. Wcislo regarding the households that are now in arrears, when previously they had a zero dollar premium and now have a monthly premium, Ms. Woltmann replied that she is unaware of the specific breakdown of whether or not those individuals switched plans or were passively renewed; she further informed Ms. Wcislo that she would follow up with her on this point. Secretary Sudders then confirmed that outreach was being conducted by actual people and not through robo calls, to which Ms. Woltmann replied that live agents are making the calls to members regarding their outstanding premiums. In response to a question from Mr. Chernew regarding the ability of members to pay their year's worth of premiums up front, and not have to remember to pay very small amounts each month, Ms. Coates responded that this is an option offered to members including information about making multi-month payments in an effort to make it easy for people to stay out of delinquency for the rest of the year.

Next, Ms. Gasteier discussed growth in new membership, highlighting an increase of 33 percent or 9,000 members from this time last year. She explained that CCA has worked to target specific cities and towns and that a lot of new members are brand new to the system. She noted most new members are the age range of 26 – 34, an age group more likely to be uninsured and experiencing a significant amount of life transitions. Ms. Wcislo commented that it is the age in which young adults transition from their parents' insurance, as well. Ms. Gasteier explained that though outreach is working and membership is increasing, our surveys have indicated that about 50 percent of new members have a gap in coverage of over a month and as such there is an increased effort to try to target the uninsured and those with gaps in coverage. She went on to note that as evident from previous surveys, five percent of new members get coverage through the Health Connector for the first time, and seven percent have a gap in coverage of over a year. She noted that most new members are enrolling in Tufts Direct or BMC followed by NHP and Fallon. She explained that most of the people who are not returning as members are no longer eligible for coverage. In response to a question from Mr. Petion regarding how many people coming in from marketing efforts were previously uninsured, Ms. Gasteier replied that the new member survey, in addition to an annual meta survey, track where members come from and will provide more insight into this. She added that locations with the most new membership is where media and marketing has been focused, and that a lot of the marketing is geared toward families. She committed that the measurement of the impact of marketing efforts will continue. Ms. Wcislo acknowledged Springfield, Lawrence, Lynn and Lowell as targeted cities and places with higher Latino populations and generally more densely populated. In response to a question asked by Mr. Gaunya relative to CCA's partnership with the Department of Revenue (DOR) on a letter to the uninsured and an understanding of how it has worked, Ms. Gasteier replied that the new member survey contains that information and it is a relatively low percentage of why people are calling. In response to a question posed by Mr. Chernew relative to a report that would outline the state of

insurance in the Commonwealth and include information such as the number of members in CCA and in MassHealth, Ms. Gasteier responded that the Center for Health Information and Analysis (CHIA) does quarterly enrollment trends reports that include carrier data, CCA, Medicaid, Medicare, and that she will follow up with Mr. Chernew to provide additional links. In response to a question from Ms. Turnbull as to whether or not ConnectorCare is reported as a separate program, both Secretary Sudders and Ms. Gasteier replied that yes, the ConnectorCare data can be segmented out, and Ms. Gasteier added that she will follow up with Ms. Turnbull with that additional information. In response to an additional question asked by Ms. Turnbull relative to the 70 – 80 percent that CCA has in the non-group now and that ten years ago this was only 50 percent, Ms. Gasteier replied that everyone, including ConnectorCare members are included in those figures whereas previously Commonwealth Care members were not included because they were managed care products, not commercial products.

Ms. Coates then provided an overview of customer experience. She noted that many people are responding to outreach and that the service centers continue to hold their own, and that, in addition, with the increase in membership there has been an increase in overall call volume. She explained that many calls are coming into the shopping queue specifically set up for this Open Enrollment, and many members who were in zero dollar premium plans are responding to their January bills, but there is still time for these individuals to switch. She then shared a personal account of listening to a call with a member who was enrolled in a 180 dollar premium, the member was concerned and the customer service representative (CSR) helped the member find and switch to a plan with a zero dollar premium. She commented that customer satisfaction has increased over time regardless of more calls, more complex calls and more overall stress on the call center. Ms. Coates then elaborated on the customer experience and highlighted that there have been over 12,000 members served at walk-in centers so far this Open Enrollment period, with Navigators providing over 20,000 instances of assistance. She explained that the three permanent walk-in centers are experiencing much higher volume than last year, and thanked MassHealth for allowing co-location in Springfield with their enrollment center. In response to a question from Mr. Petion relative to the impact on the budget for increased services to provide customer support, Ms. Coates replied that these services were pre-budgeted and when costs were previously discussed with the Board, these expenses were included. In response to a question from Ms. Wcislo relative to who is coming in to the walk-in centers, Ms. Coates provided an anecdote of a person who didn't feel comfortable doing an enrollment over the phone so the enrollment center set up an appointment for her in person. She also noted that CCA looks for bilingual staff when they are recruiting because of the volume of non-English speakers who are coming to the centers. She explained that there are Spanish speaking CSRs in call centers and noted that there is a language line that can be used for walk-ins. Ms. Gasteier added that as a result of focus groups conducted last summer, there is evidence that it would be especially important in uninsured communities to have in-person assistance for Spanish speakers. Ms. Coates then continued to discuss the robust Navigators program and reiterated the importance of Navigators as community partners with bilingual capabilities. Ms. Wcislo commented that with so many new members, she would be interested in knowing who came to the walk-in centers; Ms. Coates noted that she was gathering this information and that the information

would be provided at a subsequent time. Ms. Coates noted that for the remainder of Open Enrollment, CCA has the ability to use data-driven approaches to target micro populations, including individuals who have zero dollar premiums experiencing premium increases. She noted that outreach is being conducted through outbound calls with a real person leaving a message. She explained that of the 12 people contacted on the first day of outreach, eight people moved to a zero dollar premium, and two people had other plans already. She added that additional outreach is being conducted through emails, robo calls, messaging on bills and delinquency notices. In response to a question from Mr. Chernew relative to the concern that people moving into a zero dollar premium plan may find that they need to switch providers later, Ms. Coates responded that as part of the conversation with members, they make sure that the provider is in the plan. In response to an additional question from Mr. Chernew relative to the availability of Primary Care Physicians (PCPs) for members who have changed plans, Ms. Coates commented that the provider search tool provides information on availability. Ms. Diamond noted that in addition to the provider search tool, Ms. Coates and the team have had extensive conversations with Tufts Direct and BMC, which stand to gain a lot of membership as the lowest cost plans, and they have confirmed the availability of PCPs and open panels for new members. Ms. Coates then elaborated that there is a proposal to offer an additional time window for ConnectorCare members to switch plans if needed. Ms. Coates reviewed next steps, noting the continued extended hours for the call center. She explained that there will be a transition to closed enrollment and that 1095-A forms will begin to go out the following week. In closing, Ms. Coates commented that, when the Board meets again in February, Open Enrollment will have officially closed and we will have a greater understanding of where people landed.

Ms. Herman commented that the team did great work. Secretary Sudders also praised the team for their terrific work and expressed her appreciation to operations for being responsive, especially relative to delinquent premium payments and for engaging in person to person calls rather than automated calls. She noted that the actions of CCA appear to be very customer focused.

Secretary Sudders then commented that she had wondered whether or not a Board meeting was needed for this month because there were no votes, but given all of the conversation surrounding health care in our country at this time it felt important to hold the meeting. She noted that the day prior Governor Baker sent a letter to Congress regarding the Affordable Care Act (ACA). She summarized that in the letter the Governor recommended reviewing and revising the ACA and Medicaid standards, that states be allowed greater flexibility, that stability be maintained, and that ample time is provided for the transition to new coverage for optimal readiness. She continued that the letter expressed support for safety nets to be maintained, including existing federal subsidies, and that any changes avoid shifting cost to the states. She stated that the letter further expressed support for expanding state flexibility to reach goals for affordability and quality health care and stated that Massachusetts believes strongly in universal health care coverage for its residents. Secretary Sudders noted that the letter will be public and commended CCA staff in light of a different Open Enrollment experience this year.

The meeting adjourned at 9:49 AM.

Respectfully submitted,  
Erin E. Ryan & Maria Joy Dawley